



GILARIVER INDIAN COMMUNITY
DEPARTMENT OF ENVIRONMENTAL QUALITY

Return completed form to:
GRIC DEQ Air Quality Program
1576-A South Nelson Drive, Chandler, AZ 85226
Phone (520) 562-2234 Fax (520) 796-3973
air@gric.nsn.us

PERMIT TRANSFER APPLICATION

(As required by GRIC Code – Title 17, Chapter 9, Part II, Section 4.7)

Use this form to transfer a current air quality permit from one entity to another. Submit the completed application to the GRIC DEQ Air Quality Program (AQP) at least 30 days before the proposed transfer. All fees, due and past due, will need to be paid before AQP will approve the permit transfer.

Permit Number: _____ Exp. Date: _____ Existing Business Name: _____
Site Address: _____ City: _____ State: _____ Zip: _____
Existing Owner Name: _____ Existing Owner Contact: _____
Existing Owner Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Mobile Phone: _____ Email: _____

New Business Name (if different from existing name): _____
Specific date for the transfer of permit responsibility, coverage, and liability between the current and new permittee: _____
Reason for permit transfer: _____

Contact Type: New Owner Information (provide the legal name of person, corporation, partnership or other entity):
Contact Name: _____ Title: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Mobile Phone: _____ Email: _____
Provide qualifications and information about the new owner’s capabilities for operating the source (attach statement, if needed):

Contact Type: New On-Site Contact (designated contact at the facility, principally responsible for the operation of the source):
Contact Name: _____ Title: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Mobile Phone: _____ Email: _____
Provide qualifications and information about the new on-site contact’s capabilities for operating the source (attach statement, if needed):

Contact Type: Chief Financial Officer (will receive documents from the AQP such as invoices, permits, and renewals):
Contact Name: _____ Title: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Mobile Phone: _____ Email: _____
Provide qualifications and information about the chief financial officer’s capabilities for operating the source (attach statement, if needed):



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The equipment to be transferred is identical to the equipment listed under the current permit. **OR**
 The equipment list has changed. Provide a complete description of the new/changed equipment. Attach additional list if necessary.

Equipment	Make & Model	Quantity	Comments
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have there been any enforcement action(s), related to the protection of the environment, instituted in the last five years against any person(s) employed by the New Permittee who was principally responsible for operating the source?

No. Yes. List the date, action, and result below.

Date	Action	Result
_____	_____	_____
_____	_____	_____

Certification by the current permit holder (Transferor):

I certify that the information provided in this application and accompanying documents is true, correct and complete to the best of my knowledge. I acknowledge that all fees, due and past due, will need to be paid before the AQP will approve the permit transfer. I intend to transfer the responsibility, coverage, and liability of this permit to the named transferee on this date: _____

Signature: _____ Date Signed: _____

Type or Print Name: _____ Title: _____ Company: _____

Certification by the new permit holder (Transferee):

I certify that the information provided in this application and accompanying documents is true, correct and complete to the best of my knowledge. I acknowledge that all fees, due and past due, will need to be paid before the AQP will approve the permit transfer. I intend to transfer the responsibility, coverage, and liability of this permit to the named transferee on this date: _____

Signature: _____ Date Signed: _____

Type or Print Name: _____ Title: _____ Company: _____

Certification by the new chief financial officer:

I certify that the information provided in this application and accompanying documents is true, correct and complete to the best of my knowledge. I acknowledge that all fees, due and past due, will need to be paid before the AQP will approve the permit transfer. I intend to transfer the responsibility, coverage, and liability of this permit to the named transferee on this date: _____

Signature: _____ Date Signed: _____

Type or Print Name: _____ Title: _____ Company: _____